

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Warden Ralph Hooks
St. Clair Correctional Facility
1000 St. Clair Road
Springville, AL 35146

07-115 det
2. Address (Transfer from service label)

February 2004

A. Signature

B. Received by (Printed Name)

C. Date of Delivery

☒ Agent☐ Addressee

Address different from item 1?
delivery address below:

☐ Yes
☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 2760 0005 4873 7910

102595-02-M-1540

Domestic Return Receipt